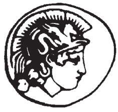

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Invited Essay

Towards effective treatment of eating disorders: nothing is as practical as a good theory

Anita Jansen

Maastricht University, Faculty of Psychology, Dept of Experimental Psychology, PO Box 616, 6200 MD, Maastricht, The Netherlands

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Abstract

There is much room for improvement in the treatment of eating disorders, anorexia nervosa in particular. It is argued that for more effective treatment a radical change in thinking and doing is needed. First, the wide-spread multicausal model of eating disorders must be abandoned and replaced by (a) fundamental strategic research into the most parsimonious explanation of eating disorders and (b) interventions solely directed on the specific maintaining mechanisms. Second, evidence-based working is needed in mental health care. In daily practice, two of three psychotherapists do not treat their eating disordered patients with the best treatment available, i.e. cognitive behaviour therapy. The Dutch Ministry of Health, Welfare and Sport tried to improve the care for eating disorder patients by the nomination of several specialist hospital units. These units are, however, not selected for their treatment quality or the use of evidence-based treatment protocols. It is argued that this ministerial operation will not increase the supply of effective treatment. The Minister obviously should have done two other things to improve the amount and quality of treatment supply for eating disorders: First, she better could invest in a broad array of workshops, training and supervision programs in cognitive behaviour therapy for all psychotherapists working with eating disorders. Second, since nothing is so practical as a good theory, the facilitation of research into parsimonious models of the relevant mechanisms as well as the experimental tests of interventions on these mechanisms would have been a promising move to effective treatment. © 2001 Elsevier Science Ltd. All rights reserved.

Keywords: Eating disorders; Policy; Evidence-based mental health

E-mail address: a.jansen@psychology.unimaas.nl (A. Jansen).

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1. Introduction

The Dutch Ministry of Health, Welfare and Sport has a special interest in eating disorders. The minister responsible (Mrs Borst) sees waiting lists as the primary bottleneck in the care for eating disordered patients. Eating disorders are in the Netherlands as common as in other Western cultures; more than 40,000 Dutch girls and young women (year-prevalence about 2%) suffer from either Anorexia Nervosa or Bulimia Nervosa. The Binge Eating Disorder occurs in some 1% to 2% of the entire population, which amounts to 150,000 to 300,000 people in the Netherlands (SEN, 1998), whereas the exact incidence of the other eating disorders Not Otherwise Specified is not known. The severity of the disorders is substantiated by the figures on mortality: the number of patients who die of Anorexia Nervosa in the Netherlands and Germany is around 6% of the anorexia cases (Van Hoeken & Hoek, 1999; Fichter & Quadflieg, 1999). In spite of all that, subjects with an eating disorder must wait an average of 3.6 months for clinical treatment, which can be too long in severe and life-threatening situations. For this reason, the Minister has nominated a number of general hospital units in the country as specialized in the treatment of eating disorders. In addition, she designated and subisidizes the eating disorder unit of a general psychiatric hospital for the treatment of particularly difficult and severe cases as well as for the coordination of the national treatment offer.

Employees at the Dutch Ministry of Health, Welfare and Sport as well as Dutch experts in the field reason that patients with eating disorders might benefit by the current nomination of these units. They suspect that, through this action of the Ministry, the waiting lists will decrease and treatment will be more effective. However, it might be a misconception that a mere nomination of several hospital units as being "specialised" in the treatment of eating disorders will decrease the waiting lists and increase the supply of effective treatment. One of the propositions of the present paper is that the Ministerial Order bears the hazard that the supply of effective treatment will only get smaller in the end.

Another central proposition is that nothing is as practical as a good theory. What will be clear later on is that the effectiveness of treatments for Anorexia Nervosa in particular is very slight. This is not at all surprising when considering the fact that there is still no explanation for why some people suffer or keep suffering from Anorexia Nervosa. In such a light, treatment quickly appears to be shooting with blanks and basically hit or miss. This is not a reproach of those providing treatment; they act to the best of their knowledge. But without a decent theory, they cannot get very far.

After a discussion of the alleged multicausal nature of eating disorders in the next section, a plea is made for doing more reductionistic experiments in order to identify the real factors that cause or maintain the disorders. It is argued that experimental intervention on the identified factors should decrease eating disorder symptoms and finally may provide for better treatment methods. These ideas are occasionally related to current practical knowledge and the policies of the Dutch government.

2. On the origin and maintenance of eating disorders

Eating disorders evolve according to typical patterns and can be more or less summarized in terms of three recurring characteristics: abnormal eating behaviour, a negative body image, and

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